

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019086

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
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12			1			
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15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			2			
23			2			
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43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.			3			
TOTAL DER.			43			
TOTAL CLAIMS			46			

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IND.	DER.	IND.	DER.	IND.	DER.
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97					
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99					
100					
TOTAL IND.					
TOTAL DER.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS